SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER DADIRECTOR

## a. 2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 06, 2001 8:00 am Secretary of State **DOCUMENT # M81146** 1. Entity Name FELIPE J. MARTINEZ, M.D., P.A. 03-06-2001 90287 050 \*\*\*150.00 Mailing Address Principal Place of Business P.O. BOX 440565 % FELIPE J. MARTINEZ, M.D. MIAMI FL 33144 1350 SW 57TH AVE. SUITE 210 MIAMI FL 33144 HS 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0039718 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MARTINEZ, FELIPE J., M.D. Street Address (P.O. Box Number is Not Acceptable) 1350 SW 57 AVE. #210 **MIAMI FL 33144** Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change **PVS** ☐ Delete TITLE NAME MARTINEZ. FELIPE J.,M.D. NAME STREET ADDRESS 1350 SW 57TH AVE #210 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change ☐ Addition TITLE חד ☐ Delete TITLE NAME MARTINEZ, FELIPE J.,M.D. NAME STREET ADDRESS STREET ADDRESS 1350 SW 57TH AVE #210 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Change ☐ Addition Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Detete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under path; that I am an officer or director of the corporation or the receiver or trystee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.